

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HCR MANOR CARE PAC

ADDRESS (number and street)

333 NORTH SUMMIT STREET

16TH FLOOR

☐ Check if different than previously reported. (ACC)

TOLEDO

OH

43604

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00260141

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Kevin Jackson

Signature of Treasurer

Mr. Kevin Jackson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 11 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		11344.69
(b) Cash on Hand at Beginning of Reporting Period.....	11989.51	
(c) Total Receipts (from Line 19)	32158.07	143003.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	44147.58	154347.83
7. Total Disbursements (from Line 31)	34727.03	144927.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9420.55	9420.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

To:

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

24201.20

103188.82

(ii) Unitemized

3922.96

20778.51

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

28124.16

123967.33

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

28124.16

123967.33

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

4033.50

19033.50

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.41

2.31

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

32158.07

143003.14

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

32158.07

143003.14

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	227.03	482.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	227.03	482.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	124100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	6500.00	20345.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34727.03	144927.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34727.03	144927.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	28124.16	123967.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28124.16	123967.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	227.03	482.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	227.03	482.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Martin D Allen

Mailing Address 7151 Whispering Oak

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.97

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38583

Amount of Each Receipt this Period

192.25

Contribution

Full Name (Last, First, Middle Initial)

B. Jeffrey R Amann

Mailing Address 5100 Newton Ave. South

City

Minneapolis

State

MN

Zip Code

55419

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

843.38

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38585

Amount of Each Receipt this Period

455.00

Contribution

Full Name (Last, First, Middle Initial)

C. Nancy Ayers

Mailing Address 5184 N Quail Crest Dr

City

Grand Rapids

State

MI

Zip Code

49546

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.40

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38590

Amount of Each Receipt this Period

240.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

887.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Ms Tammy Barker

Mailing Address 4521 Sutton Rd

City
BrittonState
MIZip Code
49229FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

AVP - Quality Support Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38595

Amount of Each Receipt this Period

308.90

Contribution

Full Name (Last, First, Middle Initial)

B. Ms. Jocelyn D. Barnes

Mailing Address 9108 Shadowbrook Trail

City
OrlandoState
FLZip Code
32825FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38597

Amount of Each Receipt this Period

367.28

Contribution

Full Name (Last, First, Middle Initial)

C. Joseph Barrick

Mailing Address 448 Woodcrest Drive

City
MechanicsburgState
PAZip Code
17050FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator - York South

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38600

Amount of Each Receipt this Period

175.44

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

851.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Lynne M Bauerschmidt			Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 Transaction ID : SA11AI.38601		
Mailing Address 7060 Middlebury			Amount of Each Receipt this Period 245.00		
City Lambertville	State MI	Zip Code 48144	Contribution		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 245.00		
Name of Employer HCR ManorCare Inc.		Occupation Internal Training Lead	Contribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00			
Full Name (Last, First, Middle Initial) B. Ms Julie Beckert			Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 Transaction ID : SA11AI.38605		
Mailing Address 3911 Buell			Amount of Each Receipt this Period 150.00		
City Toledo	State OH	Zip Code 43613	Contribution		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 150.00		
Name of Employer HCR Manor Care, Inc.		Occupation Director of Marketing	Contribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) C. Ruby G Boice			Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 Transaction ID : SA11AI.38610		
Mailing Address 10445 Dexter Drive E			Amount of Each Receipt this Period 105.00		
City Jacksonville	State FL	Zip Code 32218	Contribution		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 105.00		
Name of Employer HCR Manor Care, Inc.		Occupation Director Reg. Business Office Support	Contribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			500.00		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Joey Lee Boyles			Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 Transaction ID : SA11AI.38613	
Mailing Address 567 Smalls Ferry Road			Amount of Each Receipt this Period 72.00	
City New Castle	State PA	Zip Code 16102	Contribution	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 206.00	
Name of Employer HCR Manor Care		Occupation Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. David Burke			Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 Transaction ID : SA11AI.38616	
Mailing Address 425 Kingwood Rd			Amount of Each Receipt this Period 123.09	
City Linthicum Heights	State MD	Zip Code 21090	Contribution	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 584.73	
Name of Employer HCR ManorCare Inc.		Occupation Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Denise F Curry			Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 Transaction ID : SA11AI.38623	
Mailing Address 503 Vilsack Road			Amount of Each Receipt this Period 444.22	
City Allegheny	State PA	Zip Code 15116	Contribution	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 698.06	
Name of Employer HCR. Manor Care, Inc		Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)..... ▶			639.31	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Melinda Dechert

Mailing Address 3703 Kersten Dr

City

San Jose

State

CA

Zip Code

95124

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38626

Amount of Each Receipt this Period

120.00

Contribution

Full Name (Last, First, Middle Initial)

B. Robert DiFlippo

Mailing Address 1812 Windermere Avenue

City

Wilmington

State

DE

Zip Code

19804

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38627

Amount of Each Receipt this Period

56.00

Contribution

Full Name (Last, First, Middle Initial)

C. David K Donin

Mailing Address 11608 Everglade Court

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.16

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38628

Amount of Each Receipt this Period

24.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Linda J Emmett

Mailing Address 10408 Meadowlark Ct. East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38632

Amount of Each Receipt this Period

525.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lisa Evans

Mailing Address 24013 22nd Ave West

City

Bothell

State

WA

Zip Code

98021

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38633

Amount of Each Receipt this Period

150.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kristen Felker

Mailing Address 1647 West Addison
3B

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.10

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38634

Amount of Each Receipt this Period

129.75

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

804.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 44
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. R Michael Ferguson

Mailing Address 2450 Underhill Rd

City State Zip Code
Toledo OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
VP & Dir of Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38635

Amount of Each Receipt this Period

673.05

Contribution

Full Name (Last, First, Middle Initial)

B. John F Gallick

Mailing Address 392 Castle Crest Road

City State Zip Code
Alamo CA 94507

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38643

Amount of Each Receipt this Period

105.00

Contribution

Full Name (Last, First, Middle Initial)

c. Marty Grabijas

Mailing Address 2682 Ravine Side North

City State Zip Code
Howell MI 48843

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation
Director of Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.61

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38649

Amount of Each Receipt this Period

484.61

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1262.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Ruth G Graziano

Mailing Address 503 Elk Mills Road

City
Oxford

State
PA

Zip Code
19363

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1006.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38650

Amount of Each Receipt this Period

350.00

Contribution

Full Name (Last, First, Middle Initial)

B. Karen Harris

Mailing Address 8250 SW 8th St

City

North Lauderdale

State

FL

Zip Code

33068

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

938.42

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38653

Amount of Each Receipt this Period

350.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Alan Hash

Mailing Address 9496 South Dunbar Circle

City

South Jordan

State

UT

Zip Code

84095

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38654

Amount of Each Receipt this Period

480.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Kevin C Henricks

Mailing Address 23636 W. Chicago St. Unit 102

City
Plainfield

State Zip Code
IL 60544

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38656

Amount of Each Receipt this Period

287.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jason Hohlefelder

Mailing Address 8103 Alimoore Green

City
Dublin

State Zip Code
OH 43016

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.38542

Amount of Each Receipt this Period

1200.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rebecca Hollingsead

Mailing Address 558 N Hillcrest

City
Decatur

State Zip Code
IL 62522

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Director Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.04

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38661

Amount of Each Receipt this Period

658.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2145.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Sharon E Hollins

Mailing Address 3311 Gallatin Rd

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38662

Amount of Each Receipt this Period

538.44

Contribution

Full Name (Last, First, Middle Initial)

B. Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38663

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kathryn Hoops

Mailing Address 24708 McCutchenville Road

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

VP of Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192.22

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38664

Amount of Each Receipt this Period

807.66

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1646.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Huber

Mailing Address 26448 Carronade Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38669

Amount of Each Receipt this Period

175.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ms Kate Gieroczynski Huck

Mailing Address 65 Washington St

City

Topton

State

PA

Zip Code

19562

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.22

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38670

Amount of Each Receipt this Period

177.66

Contribution

Full Name (Last, First, Middle Initial)

C. Patricia Hudson

Mailing Address 1733 Ashfield Dr

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Reg. Director of 4H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38671

Amount of Each Receipt this Period

168.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

520.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Carla Davis Hughes

Mailing Address 745 Washington Street
#603

City State Zip Code
Toledo OH 43604

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP of Sales- Mktg - HHHH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.56

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38672

Amount of Each Receipt this Period

0.04

Contribution

Full Name (Last, First, Middle Initial)

B. Rebecca S Jablon

Mailing Address 3349 Fairbanks Ave

City State Zip Code
TOLEDO OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38674

Amount of Each Receipt this Period

150.00

Contribution

Full Name (Last, First, Middle Initial)

C. Ms Diane Johnson

Mailing Address 206 Ruth Road

City State Zip Code
Fleetwood PA 19522

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38678

Amount of Each Receipt this Period

365.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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515.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Daniel L Johnston

Mailing Address 1027 N 3rd Street

City State Zip Code
 St Charles MO 63301

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.38679

Amount of Each Receipt this Period

190.38

Contribution

Full Name (Last, First, Middle Initial)

B. Robert G Julius

Mailing Address 3321 Pelham Rd

City State Zip Code
 Ottawa Hills OH 43606

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Mgr. Business Office Process Dev.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.79

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.38681

Amount of Each Receipt this Period

484.61

Contribution

Full Name (Last, First, Middle Initial)

C. Tara Kaplan

Mailing Address 2118 N 62nd Street

City State Zip Code
 Seattle WA 98103

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Admissions Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : SA11AI.38683

Amount of Each Receipt this Period

75.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

749.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Linda Karling-Lott

Mailing Address 4361 Conrwallis Ct

City

Marietta

State

GA

Zip Code

30068

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38684

Amount of Each Receipt this Period

216.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rodney S Keefer

Mailing Address 15126 Ridgeview Dr

City

Clive

State

IA

Zip Code

50325

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38685

Amount of Each Receipt this Period

140.00

Contribution

Full Name (Last, First, Middle Initial)

C. Dan Kight

Mailing Address 2013 Orchard Rd

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Mgr^ Pharmacy Ops Sprt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38687

Amount of Each Receipt this Period

140.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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496.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mark Kruzel

Mailing Address 26215 Black Oak Ct

City State Zip Code
Perrysburg OH 43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Accounting Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38694

Amount of Each Receipt this Period

140.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Elliot Lekawa

Mailing Address 13690 Highland Springs Ct

City State Zip Code
Wichita KS 67235

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

RDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.50

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38695

Amount of Each Receipt this Period

304.50

Contribution

Full Name (Last, First, Middle Initial)

C. Ryan Locy

Mailing Address 1425 Cody Parkway Apt. D

City State Zip Code
Platteville WI 53818

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.62

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38697

Amount of Each Receipt this Period

179.27

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

623.77

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Diane Lube

Mailing Address 1830 Essex Pl

City

Downers Grove

State

IL

Zip Code

60516

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38698

Amount of Each Receipt this Period

108.00

Contribution

Full Name (Last, First, Middle Initial)

B. Linda Mason

Mailing Address 3126 Diehn Ave

City

Davenport

State

IA

Zip Code

52802

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38702

Amount of Each Receipt this Period

140.00

Contribution

Full Name (Last, First, Middle Initial)

C. Frances Mastel

Mailing Address 1807 Derian Drive

City

Aberdeen

State

SD

Zip Code

57401

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38703

Amount of Each Receipt this Period

105.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

353.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Jill Matelan

Mailing Address 312 N. Franklin St

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc

Occupation

Administrator - Sinking Spring

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38704

Amount of Each Receipt this Period

203.00

Contribution

Full Name (Last, First, Middle Initial)

B. Murry Mercier

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3610.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38708

Amount of Each Receipt this Period

1330.00

Contribution

Full Name (Last, First, Middle Initial)

C. Daniel J Mikus

Mailing Address 809 Oak Avenue

City

Linwood

State

NJ

Zip Code

08221

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.03

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38710

Amount of Each Receipt this Period

170.17

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1703.17

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Debra Miles		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 Transaction ID : SA11AI.38712	
Mailing Address 7448 Hickory Valley Drive		Amount of Each Receipt this Period 350.00	
City Maumee	State OH	Zip Code 43537	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 760.76	
Name of Employer HCR ManorCare Inc.	Occupation AVP & Director of Accounting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Scott Miller		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 Transaction ID : SA11AI.38715	
Mailing Address 198 Old Mill Drive		Amount of Each Receipt this Period 136.88	
City Langhorne	State PA	Zip Code 19047	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 771.44	
Name of Employer HCR ManorCare Inc.	Occupation Sr Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Robert Moser		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 Transaction ID : SA11AI.38718	
Mailing Address 1404 Riverwalk Court		Amount of Each Receipt this Period 134.61	
City Waterville	State OH	Zip Code 43566	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 269.22	
Name of Employer HCR ManorCare Inc.	Occupation Manager Employee Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
SUBTOTAL of Receipts This Page (optional)..... ▶		621.49	
TOTAL This Period (last page this line number only)..... ▶			

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tom Myers

Mailing Address 24927 Prairie Crossing

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Ops Support - Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38720

Amount of Each Receipt this Period

210.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nashika T O'Gilvie

Mailing Address 1823 N. Congress Ave

City

West Palm Beach

State

FL

Zip Code

33401

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.26

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38726

Amount of Each Receipt this Period

99.42

Contribution

Full Name (Last, First, Middle Initial)

C. Eric O'Neill

Mailing Address 4009 East Braeburn Dr

City

Appleton

State

WI

Zip Code

54913

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38728

Amount of Each Receipt this Period

280.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

589.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Ms Olivia O'Nest

Mailing Address 191 Foxhill Ln

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

DDOS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38729

Amount of Each Receipt this Period

140.00

Contribution

Full Name (Last, First, Middle Initial)

B. Diane Olans

Mailing Address 3362 Fox Hunt Drive

City

Palm Harbor

State

FL

Zip Code

34683

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Sr. Manager of Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38727

Amount of Each Receipt this Period

497.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Michael Orinoco

Mailing Address 1361 Bobby Lane

City

Westlake

State

OH

Zip Code

44145

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.40

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38730

Amount of Each Receipt this Period

207.90

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

844.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Nadja Papillon

Mailing Address 5044 NW 90th Terrace

City

Coral Springs

State

FL

Zip Code

33067

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.34

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38733

Amount of Each Receipt this Period

60.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. David Parker

Mailing Address 2154 Tremont Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1788.42

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38734

Amount of Each Receipt this Period

700.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard A Parr II

Mailing Address 2253 Gray Fox Court

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP - General Counsel & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38735

Amount of Each Receipt this Period

1346.10

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2106.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Brian W Perry

Mailing Address 450 Strafer Street

City

Cincinnati

State

OH

Zip Code

45226

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

AVP-Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38737

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tracy L Peterson

Mailing Address 6865 Poplar Drive

City

Ypsilanti

State

MI

Zip Code

48197

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38738

Amount of Each Receipt this Period

165.06

Contribution

Full Name (Last, First, Middle Initial)

C. Eliza Rapp

Mailing Address 428 Grove Ave

City

Mohnton

State

PA

Zip Code

19540

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Senior Case Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38740

Amount of Each Receipt this Period

90.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

505.06

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Mary T. Reagan

Mailing Address 925 Main Street

City

Bethlehem

State

PA

Zip Code

18018

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator - Easton

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38741

Amount of Each Receipt this Period

175.00

Contribution

Full Name (Last, First, Middle Initial)

B. Barbara Reigel

Mailing Address 112 Center Street

City

Bridgeport

State

PA

Zip Code

19405

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Mobile ADNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.64

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38742

Amount of Each Receipt this Period

111.52

Contribution

Full Name (Last, First, Middle Initial)

C. Patricia B Richards

Mailing Address P.O. Box 754

City

Shady Spring

State

WV

Zip Code

25918

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Area Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.95

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38743

Amount of Each Receipt this Period

185.78

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

472.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Damian M Rodgers

Mailing Address 4647 Calico Court

City

Monclova

State

OH

Zip Code

43542

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38745

Amount of Each Receipt this Period

135.00

Contribution

Full Name (Last, First, Middle Initial)

B. David R Roth

Mailing Address 5257 Bentwood Drive

City

Mason

State

OH

Zip Code

45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Director Of Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

759.80

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38746

Amount of Each Receipt this Period

323.05

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Rick Rump

Mailing Address 2423 Heather Glen

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Director of Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

992.15

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38747

Amount of Each Receipt this Period

413.28

Contribution

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871.33

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mary Jane Ruppert

Mailing Address 603 North Blackhoof St.

City State Zip Code
Wapakoneta OH 45895

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Sr Dir 4H Compliance and Edu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.18

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38749

Amount of Each Receipt this Period

161.52

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City State Zip Code
Santa Ana CA 92706

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38750

Amount of Each Receipt this Period

150.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Edward Schuch

Mailing Address 304 Adriana Court

City State Zip Code
Northampton PA 18067

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38751

Amount of Each Receipt this Period

189.00

Contribution

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TOTAL This Period (last page this line number only)..... ►

500.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Timothy Slawinski

Mailing Address 2363 Coe Court

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Divisional Director OPS Sup

Occupation

General Manager - West Div & HHHH

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38757

Amount of Each Receipt this Period

140.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jennifer M Snider

Mailing Address 824 S Genoa Clay Center Rd

City

Genoa

State

OH

Zip Code

43430

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare LLC

Occupation

Managed Care Manager - CBO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.58

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38758

Amount of Each Receipt this Period

93.38

Contribution

Full Name (Last, First, Middle Initial)

C. Laura M Stengel

Mailing Address 24228 East Arapahoe Place

City

Aurora

State

CO

Zip Code

80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.64

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38759

Amount of Each Receipt this Period

181.68

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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415.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Anthony J Stinson

Mailing Address 3 Lynnefield Court

City

Medford

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38760

Amount of Each Receipt this Period

150.00

Contribution

Full Name (Last, First, Middle Initial)

B. Colette Storck

Mailing Address 28490 Wynyako Ave

City

Millsboro

State

DE

Zip Code

19966

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.72

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38761

Amount of Each Receipt this Period

190.38

Contribution

Full Name (Last, First, Middle Initial)

C. Laurie C StPierre

Mailing Address 2120 Addison

City

Clermont

State

FL

Zip Code

34711

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director Case Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.30

Date of Receipt

09 / 30 / 2014

Transaction ID : SA11AI.38762

Amount of Each Receipt this Period

309.61

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

649.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Talbert

Mailing Address 7231 Stonewater Ct

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Div. Director of Operations Support

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38765

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rami Ubaydi

Mailing Address 6519 Chatham Circle

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1442.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38771

Amount of Each Receipt this Period

538.44

Contribution

Full Name (Last, First, Middle Initial)

C. Benjuiman Young

Mailing Address 7822 NE 24th Ct.

City

Vancouver

State

WA

Zip Code

98665

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

605.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38778

Amount of Each Receipt this Period

199.44

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1037.88

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Julie A Yoxtheimer

Mailing Address 249 E Pearl St

City

Findlay

State

OH

Zip Code

45840

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Sr Reimbursement Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38781

Amount of Each Receipt this Period

105.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.79

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.38783

Amount of Each Receipt this Period

403.83

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

508.83

TOTAL This Period (last page this line number only)..... ►

24201.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 44

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City

Richmond

State

VA

Zip Code

23226

FEC ID number of contributing
federal political committee.

C

C00355461

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

4033.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2014

Transaction ID : SA16.38539

Amount of Each Receipt this Period

4033.50

Contribution Refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4033.50

4033.50

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<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Category/
Type

24.95

State: District:

Category/
Type

24.95

State: District:

Category/
Type

Fruit	Number of People
Apple	3.30
Orange	4.00
Banana	2.00
Watermelon	1.00

State: District:

Category	Percentage
Percentage of people who do not use a mobile phone	53.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Mailing Address P.O. Box 5065

City
ClevelandState
OHZip Code
44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB21B.38574

Amount of Each Disbursement this Period

28.25

Full Name (Last, First, Middle Initial)

B. The Huntington National Bank

Mailing Address P.O. Box 5065

City
ClevelandState
OHZip Code
44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

Transaction ID : SB21B.38575

Amount of Each Disbursement this Period

39.60

Full Name (Last, First, Middle Initial)

C. The Huntington National Bank

Mailing Address P.O. Box 5065

City
ClevelandState
OHZip Code
44101-0065

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

Transaction ID : SB21B.38576

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

92.85

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

HCR MANOR CARE PAC

Category/
Type

-19.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

-19.00

TOTAL This Period (last page this line number only).....

127.05

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 44

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 12 / 2014

Transaction ID : SB23.38543

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 12 / 2014

Transaction ID : SB23.38531

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 08 / 2014

Transaction ID : SB23.38530

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Mailing Address 120 MARYLAND AVENUE NE

City	State	Zip Code
WASHINGTON	DC	20002

Transaction ID : SB23.38545

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN THUNE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2014

Mailing Address PO BOX 841

City	State	Zip Code
SIOUX FALLS	SD	57101

Transaction ID : SB23.38521Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SD District: 00

Full Name (Last, First, Middle Initial)

C. IOWA HEALTH PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Mailing Address 1775 90th St

City	State	Zip Code
West Des Moines	IA	50266

Transaction ID : SB23.38544Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2014

Mailing Address 211 S. FIFTH STREET

Transaction ID : SB23.38547

City	State	Zip Code
COLUMBUS	OH	43215

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

1500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ROUNDS FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2014

Mailing Address PO BOX 250

Transaction ID : SB23.38522

City	State	Zip Code
PIERRE	SD	57501

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SD District: 00

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		14		2014

Mailing Address P.O. BOX 4945

Transaction ID : SB23.38535

City	State	Zip Code
EAST LANSING	MI	48826

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

HCR MANOR CARE PAC

A. WYDEN FOR SENATE

Date of Disbursement

Transaction ID : SB23.38280

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

5000.00

B.

Date of Disbursement

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

A diagram of a two-story building. The building has a flat roof and a central staircase. The staircase is located in the center of the building, with a door at the bottom and a door at the top. The building is shown in a cross-section view, with the interior of the building visible. The roof is a flat line, and the walls are represented by vertical lines. The staircase is a series of steps, with a door at the bottom and a door at the top. The building is shown in a simple, schematic style.

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

28000.00

<div></div>	21b	<div></div>	22	<div></div>	23	<div></div>	24	<div></div>	25	<div></div>	26
<div></div>	27	<div></div>	28a	<div></div>	28b	<div></div>	28c	<div>X</div>	29	<div></div>	30b

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Category/
Type

MM / DD / YYYY

Category/
TypeCategory/
Type

4000.00

TOTAL This Period (last page this line number only).....

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. TOM WOLF FOR GOVERNOR

Mailing Address 53 EAST NORTH STREET
SUITE 3

City	State	Zip Code
YORK	PA	17401

Purpose of Disbursement	Contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.38518

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
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93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

6500.00